## 

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

Attorney's Docket No.

015290-465

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (if only one name is listed below) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (if more than one name is listed below) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED:

CORROSION RESISTANT COMPONENT OF SEMICONDUCTOR PROCESSING EQUIPMENT AND METHOD OF

| MANUFACTURE THEREOF        |             |                                                       |          |
|----------------------------|-------------|-------------------------------------------------------|----------|
| the specification of which |             |                                                       |          |
|                            | (check one) | is attached hereto;  X was filed on December 29, 2000 | as       |
|                            |             | Application No.                                       |          |
|                            |             | and was amended on (if applicable)                    | <u> </u> |

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE;

I ACKNOWLEDGE THE DUTY TO DISCLOSE TO THE OFFICE ALL INFORMATION KNOWN TO ME TO BE MATERIAL TO PATENTABILITY AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS, Sec. 1.56 (as amended effective March 16, 1992);

I do not know and do not believe the said invention was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to said application; that said invention was not in public use or on sale in the United States of America more than one year prior to said application; that said invention has not been patented or made the subject of an inventor's certificate issued before the date of said application in any country foreign to the United States of America on any application filed by me or my legal representatives or assigns more than twelve months prior to said application;

I hereby claim foreign priority benefits under Title 35, United States Code Sec. 119 and/or Sec. 365 of any foreign application(s) for patent or inventor's certificate as indicated below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application(s) on which priority is claimed:

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| COUNTRY/INTERNAT                                                                                                                                                                                                                                                           | IONAL                                                                                                                                    | APPLICATION NUMB                                                                                                                                                                                                                                                  |                                                                                                                                          | TE OF FILING                                  | PRIORITY<br>CLAIMED                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                               | YES_ NO_                                                               |
|                                                                                                                                                                                                                                                                            |                                                                                                                                          | 348                                                                                                                                                                                                                                                               |                                                                                                                                          |                                               | YES_ NO_                                                               |
|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                               | YES_ NO_                                                               |
|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                               | YES_ NO_                                                               |
|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                               | YES_ NO_                                                               |
|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                               | YES_ NO_                                                               |
|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                               | YES_ NO_                                                               |
|                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                               | YES_ NO_                                                               |
| I hereby appoint the following and Trademark Office connapplications directed to said                                                                                                                                                                                      | ected therewi                                                                                                                            | and agent(s) to prosecute satth and to file, prosecute and                                                                                                                                                                                                        | id application<br>to transact al                                                                                                         | and to transact all b<br>l business in connec | ousiness in the Patent<br>ction with international                     |
| William L. Mathis Robert S. Swecker Platon N. Mandros Benton S. Duffett, Jr. Norman H. Stepno Ronald L. Grudziecki Frederick G. Michaud, Jr. Alan E. Kopecki Regis E. Slutter Samuel C. Miller, III Robert G. Mukai George A. Hovanec, Jr. James A. LaBarre E. Joseph Gess | 17,337<br>19,885<br>22,124<br>22,030<br>22,716<br>24,970<br>26,003<br>25,813<br>26,999<br>27,360<br>28,531<br>28,223<br>28,632<br>28,510 | R. Danny Huntington Eric H. Weisblatt James W. Peterson Teresa Stanek Rea Robert E. Krebs William C. Rowland T. Gene Dillahunty Patrick C. Keane B. Jefferson Boggs, Jr. William H. Benz Peter K. Skiff Richard J. McGrath Matthew L. Schneider Michael G. Savage | 27,903<br>30,505<br>26,057<br>30,427<br>25,885<br>30,888<br>25,423<br>32,858<br>32,344<br>25,952<br>31,917<br>29,195<br>32,814<br>32,596 |                                               | 33,815<br>34,040<br>31,979<br>III 36,086<br>35,023<br>32,747<br>36,075 |
| and: Jeffrey J. Brooks, Ro                                                                                                                                                                                                                                                 | eg. No. 35,83                                                                                                                            | 4 and Christopher W. Raim                                                                                                                                                                                                                                         | und, Reg. No                                                                                                                             | . 47,258                                      |                                                                        |

Address all correspondence to:



21839

James W. Peterson

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Alexandria, Virginia 22313-1404

| Address all telephone calls to: | Peter K. Skiff | at (703) 836-6620. |
|---------------------------------|----------------|--------------------|
|                                 |                |                    |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| States Code and that seen william raise state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | .1.1          |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|------|
| FULL NAME OF FIRST JOINT INVENTOR, IF ANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SIGNATURE |               | DATE |
| TODD IVANIA OF THE POPULATION |           |               |      |
| Robert J. O'DONNELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |               |      |
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| RESIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | CITIZENSHIF   |      |
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| 5108 Curtis St., Fremont, Alameda, CA 94538                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | United States |      |
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| POST OFFICE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |               |      |
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| 5108 Curtis St. Fremont Alameda CA 94538                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |               |      |

| COMBINED DECLARATION AND POWER OF ATTORNEY                                    |           | Attorney's Docket No. 015290-465 |      | _ |
|-------------------------------------------------------------------------------|-----------|----------------------------------|------|---|
| FULL NAME OF SECOND JOINT INVENTOR, IF ANY                                    | SIGNATURE |                                  | DATE | _ |
| Christopher C. CHANG<br>RESIDENCE                                             |           | CITIZENSHIP                      |      | _ |
| 1571 Finch Way, Sunnyvale, CA 94087                                           |           | United States                    |      | _ |
| POST OFFICE ADDRESS                                                           |           |                                  |      |   |
| 1571 Finch Way, Sunnyvale, CA 94087 FULL NAME OF FIRST JOINT INVENTOR, IF ANY | SIGNATURE |                                  | DATE | _ |

CITIZENSHIP

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John E. DAUGHERTY

34717 Woodhue Terrace, Fremont, Alameda, CA 94555 POST OFFICE ADDRESS

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RESIDENCE